

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 133
Local Registrar's No. 38

1. PLACE OF BIRTH

County Gila State _____
District or Township _____ or Village _____
City Hayden St. _____ Ward _____

2. Full name of child

Roberto Gallardo

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

6. Legitimate?

7. Date of birth May 4 1929
Month Day Year

8

FATHER

Full name

9. Residence

(Usual place of abode)

If non-resident, give place and state.

10. Color or race

11. Age at last birthday 39 (Years)

12. Birthplace (city or place)

(State or country)

13. Occupation

Nature of industry

14

MOTHER

Full name

15. Residence

(Usual place of abode)

If non-resident, give place and state.

16. Color or race

17. Age at last birthday 24 (Years)

18. Birthplace (city or place)

(State or country)

19. Occupation

Nature of industry

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

- (a) Born alive and now living 4
(b) Born alive but now dead 0
(c) Stillborn 0

21. Were precautions taken against opthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn.) at 1:30 p. m. on the date above stated.

Signature

Charles B. Hurdston

(Physician or midwife)

Given name added from a supplemental report

Month, day, year

Address

Hayden, Arizona

Filed

May 8 1929

Registrar

Registrar

976-504-499

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N.B.--In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.